

City of Harrisburg
Department of Building and Housing Development
Bureau of Codes
Health License Application

Business Name: _____ Date: ____/____/____

Applicant's Name: _____

***Attach copy of government issued proof of Identification with Picture**

Business Address _____

☐ This is an amendment to a current license. License #: _____

1. Type of License(s) Requested (circle all that apply):

Public Eating and Drinking Establishment:

- | | | |
|---|----------|----------|
| <input type="checkbox"/> Occupancy of 0 to 99 | \$135.00 | Code: A1 |
| <input type="checkbox"/> Occupancy of 100+ | \$200.00 | Code: C |
| <input type="checkbox"/> Multi: Any Restaurant Category + Catering + Special Events | \$250.00 | Code: D |

Miscellaneous:

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Add for any category doing off-site catering in the City | \$75.00 | Code: E |
| <input type="checkbox"/> Special Events (per day rate) Requires different application | \$15.00 | Code: F |

Market Style Food Vendor, Indoor or Outdoor (i.e., Broad Street Market, Farm Show)

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Base Fee: Non-hazardous Foods | \$50.00 | Code: G |
| <input type="checkbox"/> Add if selling Meat / Poultry / Seafood / Bakery/ | \$75.00 | Code: H |
| <input type="checkbox"/> Add for Wholesale Option | \$50.00 | Code: I |

Grocery / Convenience Store: Total Floor Area

- | | | |
|---|----------|----------|
| <input type="checkbox"/> 0 to 999 Square Feet | \$100.00 | Code: J1 |
| <input type="checkbox"/> 1000 Square Feet or more | \$200.00 | Code: L1 |
| <input type="checkbox"/> Add for Meat/ Poultry/ Seafood/ Bakery/In-store Deli | \$50.00 | Code: N |

Food Wholesaler / Distributor

- | | | |
|--------------------------|----------|---------|
| <input type="checkbox"/> | \$150.00 | Code: O |
|--------------------------|----------|---------|

Non-profit: Must be a 501(c) 3

- | | | |
|---|---------|---------|
| <input type="checkbox"/> Social Kitchen ONLY | \$25.00 | Code: P |
| <input type="checkbox"/> Institutional / Commercial Kitchen | \$50.00 | Code: Q |

Rooming House:

- | | | |
|--|------------------------|----------|
| <input type="checkbox"/> Base Fee | \$75.00 | |
| <input type="checkbox"/> Per Bed | Number of beds _____ x | \$20.00 |
| | | |
| <input type="checkbox"/> Sanitary Under 1,000 Sq. Ft. | \$150.00 | Code: R1 |
| <input type="checkbox"/> Sanitary 1,000 Sq. Ft. to 4,999 Sq. Ft. | \$150.00 | Code: R2 |
| <input type="checkbox"/> Sanitary 5,000 Sq. Ft. to 9,999 Sq. Ft. | \$150.00 | Code: R3 |
| <input type="checkbox"/> Sanitary 10,000 Sq. Ft. to 19,999 Sq. Ft. | \$200.00 | Code: R4 |
| <input type="checkbox"/> Sanitary 20,000 Sq. Ft. or More | \$250.00 | Code: R5 |

Non Rooming House: (Hotel, Motel, Educational Facility, Institution, Place of Assembly for more than 99 persons (sanitary))

- | | | |
|---|----------|----------|
| <input type="checkbox"/> Under 1,000 Square Feet | \$50.00 | Code: R1 |
| <input type="checkbox"/> 1,000 Sq. Ft. to 4,999 Sq. Ft. | \$100.00 | Code: R2 |
| <input type="checkbox"/> 5,000 Sq. Ft. to 9,999 Sq. Ft. | \$150.00 | Code: R3 |
| <input type="checkbox"/> 10,000 Sq. Ft. to 19,999 Sq. Ft. | \$200.00 | Code: R4 |
| <input type="checkbox"/> 20,000 Sq. Ft. or more | \$250.00 | Code: R5 |

Effective November 1, 2003, all applications will require a \$25.00 Application fee.

- | | | |
|--|---------|----------|
| <input type="checkbox"/> Application Fee | \$25.00 | Code: Z |
| <input type="checkbox"/> Health Late Fee | \$25.00 | Code: HL |
| <input type="checkbox"/> Reinstatement Fee | \$40.00 | |
| <input type="checkbox"/> BYOB | | |

Separate Application Also Required

(Check or Money Order Payable to "**City Treasurer**")

Total Due: \$ _____

* Although your Health License will cover all events, if you choose to participate in special events, you will need to carry the \$50.00 General Mercantile License in addition to \$40.00 Business Privilege and Mercantile License.

* **Examples of multiple licenses:** if a grocery store with hot foods, you must carry an "A1" and a "D". If a deli with chips, candy and pastry, you will be an "A1" and "J1".

* This amount is doubled if application is not turned in 10 business days before change / opening of establishment.

2. Contact Information: It is your responsibility to notify this office of any changes.

Business Name: _____

Business Address: _____
City / State / ZipCode

Mailing Address (if different than above): _____

Business Telephone #: _____ and _____

☐ Manger

☐ Owner

☐ Lessee

Applicant #1 Name	Address	Telephone #

Email _____ Fax # _____

Applicant #2 Name	Address	Telephone #

Email _____ Fax # _____

3. Will there be Patron seating? ☐ Yes ☐ No If yes, seating capacity: _____

4. Please choose one from the following:

- ☐ New Construction ☐ Conversion from a Business / Residence
☐ Remodeled – New Owner ☐ Remodeled ☐ New Management

5. Type of Service (Check all that apply)

- ☐ Dine In ☐ Retail ☐ Market Stand ☐ Caterer
☐ Take Out ☐ Supermarket ☐ Day Care ☐ Distributor

6. Will there be outdoor Seating? ☐ Yes ☐ No

7. Type of Menu ☐ Full Service ☐ Limited Menu Specific Food Items _____
Please Attach Menu

8. Do you have or have you applied for a Liquor License?

- ☐ Yes ☐ No If yes, what is your LCB license Number _____

9. Employee Information: Total # of Employees _____
Number of Employees on largest shift _____

10. Do you have an employee and/or manager on staff which is a PA Certified Food Handler?
☐ Yes ☐ No ***Please attach a copy of Certificate**

11. Do you have an employee health policy? ☐ Yes ☐ No

****See Section 46.111 thru 46.115 of the PA Food Code. If you do not have a health policy, you must develop one before opening.****

12. **Smoking Policy:** Will the facility be smoke free? ☐ Yes ☐ No
If No, Is there a Non-Smoking section? ☐ Yes ☐ No

13. Waste Removal Provider: _____

14. Fire Suppression Service Provider: _____

15. Pest Control Service Provider: _____ Phone # _____

Days of Operation & Time

Monday ____:____ AM to ____:____ PM

Tuesday ____:____ AM to ____:____ PM

Wednesday ____:____ AM to ____:____ PM

Thursday ____:____ AM to ____:____ PM

Friday ____:____ AM to ____:____ PM

Saturday ____:____ AM to ____:____ PM

Sunday ____:____ AM to ____:____ PM

**Please Note: Items to be submitted with this application:
Incomplete applications will be returned**

- ❑ Copy of Government Issued Photo ID
- ❑ Detailed floor plan of kitchens, bars, establishment
- ❑ Detailed construction, renovation plans, including plumbing & electric *
- ❑ Detailed list of all equipment with specification sheets
- ❑ Copy of proposed menu
- ❑ Copy of supervisory employee's PA Food Certification Card
- ❑ Listing of Vendors, including contact information
- ❑ Business Privilege and Mercantile Application with a separate check
- ❑ If declaring NON-PROFIT status, you must attach proof of 501(c)(3); if operating an establishment, a statement of your mission as declared to the IRS and how the activity *directly* serves your mission.

****All plumbing and electrical work must be done by a plumber or electrician licensed by the City of Harrisburg, must have a third party inspection when applicable and must have a permit where applicable. All contractors and equipment installers must have a mercantile license with the City. Permits are required for any work valued at \$1,000.00 and above, this value includes fair market value of all labor and supplies/equipment.**

Health License specifics

1. All Health Licenses expire on December 31st of the year in which the license was issued for, they are not pro-rated.
2. A license is for that establishment, at that location, for that owner. They are NOT transferable. All changes from original application should be submitted to this office, in writing within 48 hours.
3. All licensed establishments must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office.
4. All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
5. All licenses are subject to suspension and revocation for failure to follow applicable laws and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Rules and regulations are available for review in the Office of Codes Administration, Suite 206 of the Martin Luther King, Jr., City Government Center, 10 N. Second Street, Harrisburg, PA 17101. Any changes, clarifications or additions, will be posted the first business day of each month.

I hereby acknowledge receipt of the Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application(s). I understand that the rules and regulations are available in the office of the Bureau of Codes Enforcement and have the opportunity to view them at any time. I acknowledge that all the information is true to the best of my knowledge and that I am an owner or authorized agent of the corporation. I further understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of Pennsylvania Crimes Code, constitutes a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

Owner/Applicant or Authorized Agent

Date

Print Name

Title

Signature of Witness

Date

Print Name

Phone Number: _____

*******FOR OFFICIAL USE ONLY*******

Forward completed application to Tax & Enforcement Office

Date Received by:

Tax Parcel ID # _____

Tax & Enforcement Office: _____ / _____ / _____

Business Zoning/Fire Prevention: _____ / _____ / _____

Health Officer / Codes Department: _____ / _____ / _____

Final Inspection: _____ / _____ / _____

☐ **PASS** ☐ **FAIL**

Authorized Signature of Approval / Health Officer

Date